OFFICE OF CAMPAIGN FINANCE DISTRICT OF COLUMBIA BOARD OF ELECTIONS AND ETHICS FINANCIAL DISCLOSURE STATEMENT

Each public official subject to the District of Columbia Campaign Finance Reform and Conflict of Interest Act of 1974, as amended, D.C. Official Code Section 1-1106.02 (2001 Edition), is required to file this Financial Disclosure Statement annually, not later than May 15th of each year for the prior calendar year. A Public Official must also file a Financial Disclosure Statement within 90 days of the end of their appointment to office, if the filer ceases to serve prior to May 15th of any year; and within 30 days of any change in any information contained in a Financial Disclosure Statement, including a change of address.

Each candidate for public office, with the exception of ANC candidates, is required to file this Financial Disclosure Statement within 30 days after becoming a candidate.

All questions on this Financial Disclosure Statement should be answered for the prior calendar year. If the form is submitted as an Amendment, answer only the question to which there is a change in information. Please read the General Instructions on the reverse side before completing this form.

Prior Calendar Year	for which Filing is made	: 2004							
Report Type:	ORIGINAL		Date of Filing:	05/13/2005	5				
Name:	Bacon, Wanda								
		Position for	Which Filing						
	Reporting Status		Date of Appointment or Ca	andidacy	Final Date (if applicable)				
	Incumbent								
Position:	Member	_	Grade:						
Name of Agency:	Board of Funeral Directors								
Agency Address:	941 North Capitol Stre	941 North Capitol Street, NE Washington, DC 20002							
Agency Telephone:	(202) 442-4461								
Position held with the District Government During the Preceeding 12 Months (If not same as above)			Title of Position and Date Held						
			Member						
	•								
Failure to file this form n	nay result in a civil penalty of not	more than \$50 for each d	ay of non-compliance.						
					FOR INTERNAL USE ONLY				
					OCF Staff Initials				
		OFFICE OF CA	MPAIGN FINANCE		OCF ID#				

FRANK D. REEVES MUNICIPAL BUILDING 2000 14th STREET, NW, SUITE 433; WASHINGTON, DC 20009 Tel: (202) 671-0547

OCF FORM NO. 62

1. Please provide the following information with respect to each business entity transacting any business with the District Government (including sole proprietorships, partnerships, and corporations) in which you (or your spouse, if property is jointly titled) have a beneficial interest valued in excess of \$1,000 (including those held in such person's own name, in trust, or in the name of a nominee); and interest consisting of corporate stock which is registered and traded on a national exchange shall be included only if its aggregate value exceeds \$5,000. If none, state none.

Name of PersonName of BusinessAddress of BusinessWanda C. BaconBacon Funeral Home,
Inc.3447 14th Street,NW
Washington DC 20010

2. Please provide the following information with respect to each business entity transacting any business with the District Government (including sole proprietorships, partnerships and corporations) from which you (or your spouse, if property is jointly titled) have received income for services rendered in excess of \$1,000. If none, state none.

Name of Business Address of Business

Bacon Funeral Home, Inc. 3447 14th Street, NW Washington DC

3. Please provide the following information with respect to each business entity transacting business with the District Government (including sole proprietorships, partnerships and corporations) in which you (or your spouse, if property is jointly titled) serve as an officer, director, partner, employee, consultant, contractor or in any other formal capacity or affiliation. If none, state none.

Name of Business Title or Position

Bacon Funeral Home, Inc. President

4. Please provide the following information with respect to each outstanding liability borrowed by you (or your spouse, if such liability is joint) in excess of \$1,000. Do not include loans from a federal or state insured or regulated financial institution or member of your immediate family, or any business enterprise regularly engaged in the business of providing revolving credit or installment accounts. If none, state none.

Name of Lender Amount of Liability

None \$0.00

5. List actual location of all real property located in the District of Columbia (other than the personal residence actually occupied by you or your spouse) in which you (or your spouse if jointly titled) have an interest with a fair market value in excess of \$5,000. If none, state none.

Location

3447 14th Street, NW, Washington, DC 20010 3449 & 3451 14th Street, NW, Washington, DC 20010

- 6. List any professional or occupational licenses held by you issued by the District of Columbia Government. If none, state none.
 - A. Funeral Director

7. List all gifts with an aggregate value of \$100 or more received by you from any business entity (including sole proprietorships, partnerships and corporations) transacting any business with the District of Columbia Government (including any of its agencies, departments, boards, commissions or educational bodies). If none, state none.									
Gifts Name and Address o		and Address of Donor	Donor		lue of Gifts				
A. None None				\$0.00					
I swear (or affirm) that the Financial Disclosure Statement and supplementary information have been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand the willful making of a false, misleading or incomplete statement can be grounds for civil and criminal prosecution. I further state that I have not caused title to property to be placed in another person or entity for purposes of avoiding the disclosure requirements of D.C. Official Code Sections1-1106.2 (a) and (b), as amended.									
			Signature		Date				
		Subscribed and	sworn to before i	me this	day of 20				
				Notary P	ublic				